PART B-ISSUE FEE TRANSMIT I AL

Complete and mail this form, together with appropriate fees, to:

Box ISSUE FEE Assistant Commissioner for Pat Washington, D.C. 20231 B#

MAILING INSTRUCTORS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advantage and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic (mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

020350

QM02/0128

TOWNSEND AND TOWNSEND AND CREW LLP TWO EMBARCADERO CENTER

EIGHTH FLOOR

SAN FRANCISCO CA 94111

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Janet Byrne

(Depositor's name)

March 28, 2000

(Signature)

EXAMINER AND GROUP ART UNIT APPLICATION NO. FILING DATE **TOTAL CLAIMS DATE MAILED** 09/154,930 09/17/98 040 NGUYEN, T 3751 01/28/00 First Named STOUT. 35 USC 154(b) term ext. = **Applicant** 0 Days.

INTLE OF BOWER FILLING APPARATUS AND METHODS FOR THEIR USE POWDER

ATTY'S DOCKET NO.		CLASS-SUBCLASS		BATCH NO.		APPLN. TYPE		SMALL ENTITY		٠ .	FEE DUE		DATE DUE	
3 152	225-003	010	141-018.	. 000	H:	39 UT)	LI	TY	NO	,	\$1210.(0	04/28/00	
Use of PTO form(s) and Customer Number are recommended, but not required. (1) the n attorneys the nam member and the recommended, but not required. (1) the name of Correspondence Address form PTO/SB/122) attached. (1) the name of Correspondence Address form PTO/SB/122) attached.							ting on the patent front page, list nes of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) mes of up to 2 registered patent or agents. If no name is listed, no be printed. 1 Townsend and Townsend and Crew LLP							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for filling an assignment. (A) NAME OF ASSIGNEE Inhale Therapeutic Systems														
(B) RESIDENCE: (CITY & STATE OR COUNTRY) San Carlos, CA							4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 20-1430							
Please check the appropriate assignee category indicated below (will not be printed on the patent) individual XX corporation on other private group entity government								(ENCLOSE AN EXTRA COPY OF THIS FORM) XX Issue Fee XX Advance Order - # of Copies 10						
The COMMISSIONER	OF PATENTS A	NID TARDEN	MARKS IS reques	ted to apply	the Is:	sue Fee to the ap	plicati	on identified	above.					
(Authorized Signature)	<u> </u>				(Date					-				
Darin J. Gibl	by, Reg.	No. 38	,464		212	8/60								
NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.														
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231							04/04/2000 SLUANG3 00000092 201430 09154930 01 FC:142 1210.00 CH 02 FC:561 30.00 CH							
Under the Paperwork of information unless				uired to resp	ond t	o a collection								



Box ISSUE FEE
Assistant Commissioner for Pate
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Certificate of Mailing maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on 020350 QM02/0128 the date indicated below. TOWNSEND AND TOWNSEND AND CREW LLP TWO EMBARCADERO CENTER EIGHTH FLOOR Janet Byrne (Depositor's name) SAN FRANCISCO CA 94111. (Signature) 2000 March 28, (Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 09/154,930 09/17/98 040NGUYEN. 3751 01/28/00 First Named STOUT, 35 USC 154(b) term ext. = Applicant O Days. TITLE OF BOWER FILLING APPARATUS AND METHODS FOR THEIR USE INVENTION. POWDER ATTY'S DOCKET NO. CLASS-SUBCLASS FEE DUE BATCH NO. APPLN. TYPE SMALL ENTITY DATE DUE 3 15225-003010 141-018.000 H39 UTILITY NO \$1210.00 04/28/00 2. For printing on the patent front page, list 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Townsend and Townsend Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) and Crew LLP ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substititue for □ Advance Order - # of Copies _ filing an assignment. (A) NAME OF ASSIGNEE Inhale Therapeutic Systems 4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER 20-1430 (B) RESIDENCE: (CITY & STATE OR COUNTRY) San Carlos, CA (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate essignee calegory indicated below (will not be printed on the patent) XX corporation on other private group entity government individual Advance Order - # of Copies _____10 The COMMISSIONER OF PATENTS AND TANDEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 31,28160 Darin J. Gibby, No. 38,464 NOTE; The Issue Fee will not be 04/04/200000000157 142 \$1,210.00-04/03/2000 --- DA 201430 or agent; or the assignee or other Trademark Office. 04/04/2000 00000158 \$30:00 04/03/2000 DA 201430 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required

of information unless it displays a valid OMB control number.

Patents, Washington D.C. 20231

to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection